

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received
 by a department or accepted by the
 Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS - Glenwood Resource Center	
Name of Department or Office 711 S Vine St	Glenwood, Iowa 51534
Mailing Address 712-527-4811	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deidre Anderson	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Marion Bushland	
Name	
5090 Cty Rd 599	Farmersville, TX 75442
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

3/21/19	\$ 100.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

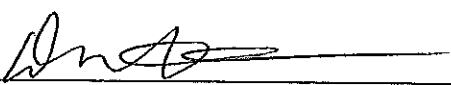
\$100.00 - House 241 to be used for a party, meal, etc

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Deidre Anderson affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.


 Signature

6-12-19
 Date

RECEIPT OF DONATION
(Please send to Ruth Messinger #23)

PERSON/ORGANIZATION:

Marcie Bushland
Donor Name

5090 City Rd 599
Address

Farmerville, La 70442
City, State, Zip Code

ITEMS DONATED:

check

DROP OFF LOCATION:

DONOR VALUATION OF
ITEM(S):

\$100 .00

DONORS EXPECTATION OF USE:

Use to honor Gay, with a party, meal

or something for 24/

(i.e. donation to a specific house, Campbell Park, etc.).

DATE RECEIVED:

3/21/19

GRC SUPERVISOR RECEIVING
DONATION:

Jennifer Buckner

COMMENTS/NOTES:

I appreciate everything you did
for Gay. Wish this could be more